

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51						
2		1		1			52						
3	2			1			53						
4	2			1			54						
5	2			1			55						
6	2			1			56						
7	2			1			57						
8	2			1			58						
9	2			1			59						
10	2			1			60						
11	2			1			61						
12	2			1			62						
13	2			1			63						
14	2			1			64						
15	2			1			65						
16	2			1			66						
17	2			1			67						
18	2			1			68						
19	2			1			69						
20	2			1			70						
21	2			1			71						
22	2			1			72						
23	2			1			73						
24	2			1			74						
25	2			1			75						
26	2			1			76						
27	2			1			77						
28	2			1			78						
29	2			1			79						
30	2			1			80						
31	2			1			81						
32	2			1			82						
33	2			1			83						
34	2			1			84						
35	2			1			85						
36	2			1			86						
37	2			1			87						
38	2			1			88						
39	2			1			89						
40	2			1			90						
41	2			1			91						
42	2			1			92						
43	2			1			93						
44	2			1			94						
45	2			1			95						
46	2			1			96						
47	2			1			97						
48	2			1			98						
49	2			1			99						
50	2			1			100						
TOTAL IND.			1		1		TOTAL IND.			1		1	
TOTAL DEP.			35		35		TOTAL DEP.			35		35	
TOTAL CLAIMS			36		36		TOTAL CLAIMS			36		36	